

APPLICATION FOR EMPLOYMENT

CITY OF OSAGE CITY
 201 S 5th Street
 P. O. BOX 250
 Osage City, Kansas 66523
 (785) 528-3714

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: : ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

..... If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status

Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

INTERVIEWER DATE

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____

POSITION: _____

DATE: _____ / _____ / _____

City of Osage City
Prior DOT Drug & Alcohol Employment

1. Have you been employed by any company or system with operations subject to Department Of Transportation drug and alcohol testing in compliance with Title 49CFR Parts 199 and 40 or any other operations that would be subject to 49CFR Parts 192, 193 and 195. Examples would include but not be limited to the following: Natural gas pipeline operation or maintenance or job required CDL holders.

Yes _____ No _____

2. If you answered yes to number 1, has that employment been within the last 2 years.

Yes _____ No _____

3. If you answered yes to number 2, please fill out the attached Consent for Release of Confidential Information form.



CITY OF OSAGE CITY

POLICE DEPARTMENT
911 Laing, P.O. Box 250
Osage City, KS 66523
Tel: (785) 528-3131
Fax: (785) 528-4887



Fred Nech, Chief
chief@osagecity.com
www.osagecity.com

INFORMED CONSENT, RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA, WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Applicant Name _____ (print)

SS# _____ D.O.B _____

DL # _____ DL State _____

By my signature below, I hereby authorize the City of Osage City to conduct a background check as part of its consideration for appointing me to the position of the Osage City Police Department. I am informed that the background checks may include: 1) credit history; 2) criminal records; 3) motor vehicle records; 4) employment references and 5) drug screening check.

It is my understanding that the results of these checks will be held in confidence and that any personal information, including my social security number and date of birth, will be destroyed if I am not appointed to the position.

PRIVACY ACT NOTICE: (a) Purpose and Uses: Copies of this completed form will be furnished to individuals or entities in order to obtain information regarding your background to determine your suitability with the Osage City Police Department. (b) Effects of Nondisclosure: Furnishing the requested information, thereby authorizing the collection of background information, is voluntary, but failure to provide all or part of the information will result in a lack of further consideration for the position.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by The City of Osage City, and retained by them in confidence unless I authorize its release.

With my signature, I certify that I am a job applicant for the position with the Osage City Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department. I understand that the Osage city Police Department will be seeking records from my past employers and any other persons or entity that might have information relating to my application. As used in this release, "You" or "Your" refers to any past employer or any other persons or entity that the Osage City Police Department presents this release to.

I hereby authorize any representative of the Osage City Police Department bearing this release to obtain any information in your files pertinent to my employment records, military service, education, criminal history, driving or traffic records. I hereby direct you to release such information upon request of the bearer of this release form. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly

